

## Research Brief: Moral Injury and Repair Among Formerly Armed Actors

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Moral injury (MI) is a cognitive and emotional response that may occur in a person who has [witnessed, perpetrated, or failed to prevent](#) acts that go against their own moral or ethical beliefs in armed conflict settings. Typically, it is experienced either as a [betrayal of “what is right”](#) by higher-ups of legitimate authority or as personal transgressions, by having situationally allowed or committed acts of disproportionate or inappropriate violence. Existing research suggests that, for many of those affected, morally injurious events of betrayal and perpetration may be the [more substantial trigger](#) for symptoms of Post Traumatic Stress Disorder (PTSD) than danger-based exposure to violence and combat. Unlike PTSD, however, moral injury is not [widely recognised as a distinct clinical condition](#), which is why the concept receives little attention in current research and practice of psychosocial counselling for formerly armed actors (FAAs). Yet, the feelings of shame, guilt and disappointment in others resulting from MI pose grave obstacles to the [mental well-being](#) and hence successful (re)integration of diverse FAAs, irrespective of whether they suffer from post-traumatic stress. This Research Brief explores the implications of MI for the (re)integration of different FAA types and proposes a framework to integrate *moral repair* into existing forms of mental health treatment for FAAs.

Expectations of moral and ethical conduct are [identity-defining](#) for individuals, societies, and armed groups alike. For an FAA, a witnessed or perpetrated violation of these principles challenges their desired self-perception as a righteous person and respectable, deserving (civilian) citizen while also questioning the broader integrity of the armed group they were part of. The profound disjuncture between binding norms and lived reality evokes an emotional and cognitive dissonance with [severe psychological and social implications](#) for (re)integrating FAAs. The intrusive recollection of morally injurious experiences, both betrayal- and perpetration-based, can lead, among other risks, to social withdrawal, generalised distrust, substance abuse, depression, self-harm, suicide, and continued violent behaviour.

A considerable number of U.S. military veterans of the wars in Afghanistan and Iraq, for instance, experienced moral injury being actively or passively involved with non-combatant deaths because of the irregular and ambiguous presence of the enemy, which made [threat situations difficult to assess](#) despite extensive battlefield ethics training and clear rules of engagement. The emotional burden of these transgressions, exacerbated by the unfavourable outcomes of the War on Terror, clashes with the feelings of duty, service and public recognition of the U.S. armed forces that may have motivated their engagement in the first place, while also conflicting with the societal expectations placed upon their purpose and conduct. Nevertheless, MI is not part of [the policy debate on veterans’ mental health](#) to the same extent as PTSD, leaving a still unidentified share of this population vulnerable to its adverse psychological consequences.

The concept of moral injury receives even less attention in (re)integration programmes for non-state armed actors. The

case of the Provisional Irish Republican Army (IRA) in Northern Ireland, demonstrates that these FAAs suffer from MI in a manner akin to conventional militaries: the Provisional IRA was an organisation run with strong military discipline and clear ideas about political change and value-based mass-mobilisation. Yet, the nature of their urban guerilla struggle, especially the large-scale use of explosive devices, provoked hundreds of civilian casualties from both sides of the sectoral divide. Many Provisional IRA FAAs experienced a [fall from the moral high ground](#) of fighting the oppressor when confronted with the guilt of killing innocents or the open sectarian hatred of their leaders – a psychological predicament similar to that of some military veterans. Evidence suggests that MI is also identifiable among FAAs from ordinary criminal groups. A [study](#) of incarcerated ex-youth gang members in the U.S., for example, has shown that perpetration-induced stress is related to dissociation and emotional numbing, trauma symptoms indicative of a higher risk of antisocial behaviour and renewed delinquency.

Moral injury can also stem from within-armed group perpetration or betrayal. As an example, some Russian conscripts deployed to the frontlines at the onset of the Ukraine invasion were [misled by their superiors](#), who claimed they were participating in routine military exercises when in reality, they were sent to combat ill-prepared and under-resourced. As a result, thousands have [deserted or defected](#) to Ukraine’s armed forces. Furthermore, a FARC-EP FAA from Colombia disclosed to the author the case of a 26-year-old comrade of hers that had been sentenced to death and executed by the group’s War Council (*Consejo de Guerra*) for smuggling a cell phone into the ranks and planning his departure. She elaborated on the challenging process that she and her fellow *guerilleros* underwent in reconciling this harsh verdict with their positive ingroup identity as revolutionaries.

It is worth mentioning that not every instance of MI leads to an FAA’s disillusionment with their former armed group. There are contexts, like the (re)integration of [ex-al Shabaab militants in Somalia](#), where experiences of moral injury – in this case, the perceived non-compliance with Islamic principles – are used by communities and DDR practitioners to deconstruct radical armed group narratives and interpretations. In other settings, however, coming to terms with the past by retaining a transformed but intact armed group identity is considered [beneficial rather than detrimental](#) to (re)integration.

Paradoxically, armed conflicts are spaces for the [production of morality](#), in which contextually contingent distinctions between “just” and “unjust” forms of violence unfold. Human collective action, peaceful or violent, is never void of norms, values, and ethics, which renders moral injury, in some shape or form, a potentially universal occurrence among FAAs from various countries and armed group origins. Whether moral injury, in the strict scientific sense, qualifies as a reliable clinical diagnosis like PTSD does is disputed among mental health researchers, psychiatrists, and psychologists.

Regardless of its fringe diagnostic status, traumatic contradictions between certain combat realities and the regular dignification of human life are intensely experienced by many FAAs and therefore deserve adequate attention in their psychosocial accompaniment. The less severe and non-chronic post-traumatic stress (PTS), for instance, is [not a diagnosable condition](#) either but is still considered relevant for trauma treatment during (re)integration. The model below proposes an approach to equally handle MI as a distinct psychological challenge in mental health interventions for FAAs.

# The ReDNEA Model of Moral Repair

The following framework showcases how **moral repair** as a distinct form of psychological relief can be incorporated into existing FAA mental health counselling approaches focused on **post-traumatic growth**.

## READINESS

When an FAA exhibits signs of struggling with morally injurious memories, psychosocial counsellors may begin with assessing whether he or she is, at the current stage, emotionally prepared to talk about these experiences in-depth. Readiness is crucial for the success and sustainability of any therapeutic intervention. Due to fears of judgment, the disclosure of MI may require more time and higher levels of trust than other forms of conflict-related trauma.

## NARRATIVE

During the treatment of MI, counsellors can then work with the FAA to embed this trauma into coherent life narratives: building a timeline, while reflecting on the before and after, helps categorise, contextualise and rationalise paradoxes, discrepancies and dilemmas within their armed group experience. This replaces "racing and spinning thoughts" with a pragmatic and readable life narrative that yields existential wisdom.

## ACCEPTANCE

At one point in this process, an FAA learns to accept instances of MI as situational consequences of armed group membership and the socially and morally intricate logics of violent conflict. This entails acknowledging oneself as a moral being independent of its past but influenced by the wisdom gained from it. While feelings of psychological distress may persist, situating MI in the broader context of one's life history marks the beginning of moral repair and post-traumatic growth.



## DISCLOSURE

Once an FAA is ready, counsellors may then guide the patient through disclosing the specific perpetration and betrayal-based events and experiences that they intrusively recollect. Initial self-disclosure in a trusting therapeutic environment reduces inhibitions to make MI a topic of open and detailed conversation.

## EXCHANGE

After weaving their MI into a sound and routinised life narrative, FAAs may benefit from sharing this story with former armed group members who face similar challenges. Though the perpetration- and betrayal-based scenarios may occur on a continuum, rather than a binary division, it can be helpful to make best efforts to separate the cases along these lines in group settings, as they can represent qualitatively different experiences. Regularly exchanging perspectives in mutual support groups can facilitate cognitive processing by normalising experiences of MI and weakening the shame and guilt associated with them.